DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/29/2013 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 , 02			(X3) DATE SURVEY COMPLETED	
		155319	B. WING _			R 07/24/2013	
NAME OF PROVIDER OR SUPPLIER CLINTON GARDENS				STREET ADDRESS, CITY, STATE, ZIP CODE 375 S 11TH ST CLINTON, IN 47842			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR ((EACH CORRECTIVE ACTION : CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
{K 000}	INITIAL COMMENTS		{K 0	00}			
	Code Recertification a conducted on 06/05/1 Indiana State Departr accordance with 42 C Survey Date: 07/24/1 Facility Number: 000 Provider Number: 15 AIM Number: 100288 Surveyor: Bridget Brospecialist At this PSR survey, C compliance with Required Medicare/Medicaid, 4 Life Safety from Fire a National Fire Protection Life Safety Code (LSC original building was secondary accordance of the conduction of the	212 5319 5040 Similar Safety Code Silinton Gardens was found in uirements for Participation in 2 CFR Subpart 483.70(a), and the 2000 edition of the on Association (NFPA) 101, C) and 410 IAC 16.2. The surveyed with Chapter 19,					
	construction and was facility has a fire alarm smoke detection in the open to the corridors, equipped with battery. The facility has the cacensus of 93 at the time. All areas where resident	mined to be of Type V (111) fully sprinklered. The n system with hard wired e corridors and spaces Resident rooms are powered smoke detectors. spacity for 100 and had a me of this survey. ents have customary access e facility has one detached					
ADODATE	sprinklered.					(VO) PATE	
-AROKATOKY	DIRECTOR'S OR PROVIDER/S	SUPPLIER REPRESENTATIVE'S SIGNATUR	(E	TITLE		(X6) DATE	

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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		155319	B. WING			I	R 24/2013
NAME OF P	ROVIDER OR SUPPLIER			5	STREET ADDRESS, CITY, STATE, ZIP CODE	<u>, 077.</u>	24/2013
CLINTON	CLINTON GARDENS				375 S 11TH ST CLINTON, IN 47842		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
{K 000}	Continued From page	e 1	{K (000}			
{K 000}		obert Booher, Life Safety ical Surveyor on 07/26/13.	{K (000}			
	Safety Code Recertifi Survey was conducte	it (PSR) to the 06/05/13 Life ication and State Licensure at by the Indiana State in accordance with 42 CFR					
	Survey Date: 07/24/1	13					
	Facility Number: 000 Provider Number: 15 AIM Number: 10028	55319					
	Surveyor: Bridget Bro Specialist	own, Life Safety Code					
	compliance with Requ Medicare/Medicaid, 4 Life Safety from Fire a National Fire Protection Life Safety Code (LSC 2005 addition of 14 ro	Clinton Gardens was found in uirements for Participation in 2 CFR Subpart 483.70(a), and the 2000 edition of the on Association (NFPA) 101, C), and 410 IAC 16.2. The poms on E wing was er 18, New Health Care					
	V (111) construction a facility has a fire alarr detection in the corrid corridors. The reside addition have hard wi	fors and spaces open to the ent rooms in the 2005 fred smoke detectors. The fity for 100 and had a census					

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		155319	B. WING _			R 07/24/2013	
	ROVIDER OR SUPPLIER	100010		STREET ADDRESS, CITY, STATE, ZIP CC 375 S 11TH ST CLINTON, IN 47842	DDE	07/24/2013	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFII TAG				
{K 000}	Continued From page	e 2 ents have customary access e facility has one detached	{K 0	DEFICIENCY			